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APPLICANTS

Williams L. Harrison III, Brookline, MA;
Cotton Seed, Brookline, MA;

** CONTINUING DATA ***** *no* *MT*

** FOREIGN APPLICATIONS ***** *no* *MT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/13/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>MT</i> Initials			

ADDRESS

John Patrick Ward
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Seventh Floor
12400 Wilshire Boulevard
Los Angeles, CA 90025-1026

TITLE

Method and apparatus for doing program analysis

FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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		<input type="checkbox"/> 1.18 Fees (Issue)
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